

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90320 023 ****61.25

DOCUMENT # N98000001545

1. Entity Name

SOUTH LEVY LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

8350 HIGHWAY 40 EAST
INGLIS FL 34449

P.O. BOX 504
INGLIS FL 34449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3316773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARVER, AMY
16850 S.E. 72ND COURT
INGLIS FL 34449

Name: Greg Poulos
Street Address (P.O. Box Number is Not Acceptable):
48 Azalea St
Inglis FL
City: Inglis FL Zip Code: 34449

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gregory Poulos, President

4/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, MARY 19481 SE 59TH CT INGLIS FL 34449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, MARVIN 8250 S.E. 143RD STREET INGLIS FL 34449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, AMY 8250 S.E. 143RD STREET INGLIS FL 34449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, DEBORAH 669 HIGHWAY 40 EAST INGLIS FL 34449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D umpire in chief RUPPERT, RUTH 19450 SE 58TH AVE INGLIS FL 34449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, LESTER 19430 S.E. 58TH AVENUE INGLIS FL 34449	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pam Neighbors 11825 SE 195th Ln Dunnellon FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Equipment Manager Carrie Sailor 53 Dixon Ave Inglis FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Greg Poulos Inglis FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Concession mgr Martee Biggs 8350 Hwy 40 E Inglis FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Player Agent Dawn Bartfield 4702 Riversdale Dr Vankeetown FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sheila Noble 251 Margery St Inglis FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory Poulos, President

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/01)